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	4 .00		oos arn required	to respond to a	S. Patent and Trace collection of inform	nation unless	displays	availed OMB cont	rol number.
PATEN	RECORD		Application or Dockot Number  Application or Dockot Number						
Substitute for Form PTO-875  CLAIMS AS FILED - PART I					SMALL EN	UTITY	OR	OTHER T SMALL EN	HAN NTITY
(Column 1) (Column 2)							ſ	RATE	FEE
FOR	FOR NUMBER FILED NUMBER EXTRA			EXTRA	RATE	FEE	OR		
ASIC FEE 37 CFR 1.16(a))					x \$ =		OR	x s=	38
TAL CLAIMS  CFR 1.16(c))  minus 20 =				x \$=		OR	× 5 =	3	
NDEPENDENT CLAIMS 37 CFR 1,16(b))  minus 3 =				+5 =		OR	+\$=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))  If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART IN  (Column 3)					SMALL E	ENTITY	OR	OTHER SMALL E	THAN NTITY
4	CLAIMS REMAINING	<u>/                                    </u>	(Column 2) HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Z	AFTER AMENDMENT	Minus	PAID FOR	-	x s=	1,55	OR	x s=	
Total (37 CFR 1.16(cl))  Z independent (37 CFR 1.16(b))	06	Minus	20	= /	x s=		OR	x s=	
(37 CFR 1 16(b))		acachiden.	1 CI AIM (37 CF	R 1.16(d))	+ S =		OR	+ 5=	·
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
1	0/20	00	(Column 2)	(Column 3)			7		Ī
co	(Column 1)  CLAIMS  REMAINING		HIGHEST HUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEL:		RATE	ADDI- TIORAL FEE
U Iolal	ACTER AMENDMENT	Minus	PARTOR	=	× S=		OR	x s=	ļ
(37 CFR 1 16(cl)		Minus		=	x s=		OR	x s=	
(37 CFR 1,16(b))	ATION OF MULTIPLE			CFR 1.16(d))	+ s=		OR	+ s=	<del> </del>
FIRST PRESEN	ATION OF MOCTIFICA				TOTAL ADD'L FEE		OR	ADD'L FEE	<u> </u>
	(Column 1)		(Column 2)	(Column 3)	<u> </u>		7	RATE	ADDI-
O	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONA FEE	i.		FEE
Total (37 CFR 1.16(c))  Independent (37 CFR 1.16(b))  FIRST PRESE	AMENDMENT	Minus	PAIDFOR	=	× s	=	OR		
(37 CFR 1,16(c))  Z Independent (37 CFR 1,16(b))		Minus		=	x s	=	OR	x s=	
S SIRST PRESE	TATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ s		OF	TOTAL	-
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					ADD'L FE	E	or	ADD'L FEE	

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

\*\* If the "Highest I inher Previously Paid For IN THIS SPACE is less than 3, enter "3".

\*\* If the "Highest I inher Previously Paid For IN THIS SPACE is less than 3, enter "3".

\*\* It is collection of information is required by 37 CFR 1.10. The information is required to obtain or felan a benefit by the cubic which is to mie (uncorporate) to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Paterion the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Paterion the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Paterion the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Paterion the under the